



ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES
TOTAL RETENTION FACILITIES
TOTAL RETENTION FACILITIES with LAND APPLICATION
WASTEWATER BYPASS FORM

RECEIVED
AUG 31 2017

ECLS

DEQ Facility ID: _____

Facility Name: Rural Water Sewer

County: Pittsburg

District No. 20

Report all Total Retention Facility and
Total Retention Facilities with Land Application
wastewater bypasses to
DEQ/ Environmental Complaints and Local Services
within 24 hours at:

1-800-522-0206

Mail or Fax written report including copies of ANY test results
within 5 days to:

Department of Environmental Quality
Environmental Complaints and Local Services
P.O. Box 1677
Oklahoma City, OK 73101-1677
Fax No. (405) 702-6226

DEQ notified: 8 25 2017 4:22 ☐ AM ☒ PM

Period of bypass: From 8 25 2017 12:00 ☐ AM ☒ PM

To 8 25 2017 12:00 ☐ AM ☐ PM

Type of Bypass: ☐ Pipe ☒ Lagoon/Basin ☐ Manhole ☐ Head Works ☐ Lift Station

Strength of Bypass ☐ Raw ☒ Partially Treated Amount of Bypass: _____

Type of samples taken: ☐ BOD ☐ TSS ☐ Fecal ☐ pH ☒ None ☐ Other: _____

Geographical location of bypass and receiving stream if appropriate: NE corner of Basin 3

at Lat. 35°21'00.92" Long. -95°53'33.0"

Reason for bypass: Heavy rainfall

Steps taken to prevent recurrence: make repairs to Basin 3 as needed

Were fish or other wildlife affected as a result of the bypass? ☐ Yes ☒ No How? _____

Impact to receiving stream and/or surrounding areas: minimal due to excessive rainfall to area

Steps taken to clean up or treat bypass: Lime was applied to affected area

Reported by: Lori Allen Title: Admin mgr

Signature: [Signature] Date: 8/25/17

Facility Representative

DEQ EPS USE ONLY:

Type of Contact: ☒ Phone or ☒ Site Visit Date: 09/08/17 Follow up Site Visit ☐ Date: _____

Geographical location of bypass and receiving stream if appropriate: 3rd Lagoon Cell

Reason for bypass: Excessive Rainfall resulting in I&I

Steps taken to prevent recurrence: Addressing I&I

Impact to receiving stream and/or surrounding areas: None

Steps taken to clean up or treat bypass: Lime areas of bypass

Corrective action needed: _____ Comply by date: _____

Reported information confirmed: ☐ Yes ☐ No If no, explain: _____

Comments: _____

Signature: [Signature] ID #: 284572 Date: 09/08/17

ECLS Representative